

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	6					
15	6					
16	6					
17	6					
18	1					
19						
20	1					
21						
22						
23						
24						
25	1					
26	1					
27	1					
28	1					
29		1				
30		6				
31		1				
32		6				
33		6				
34		6				
35		6				
36		6				
37		6				
38		6				
39		6				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	4					
72	2					
73	1					
74	1					
75	1					
76	1					
77	1					
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
<b>TOTAL IND.</b>	12					
<b>TOTAL DEP.</b>	101					
<b>TOTAL CLAIMS</b>	113					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS